



CLAY COUNTY WATER & SEWER DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

A copy of your Social Security card will be required if offered a position.

Applications may be emailed to claycowater@ccwsd.net; mailed to PO Box 838 or hand delivered to Clay County Water & Sewer, 75 Riverside Circle, Suite 2, Hayesville, NC 28904 www.ccwsd.net

Fill out all sections COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Unsigned, or incomplete applications will not be considered. Once submitted, application materials become the property of the Clay County Water & Sewer District. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," APPLY IMMEDIATELY.

CURRENT INFORMATION

(1) POSITION TITLE APPLYING FOR _____ DATE: _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice)

(3) Are you seeking Full-time regular Part-time regular Temp./prefer regular Temporary Only

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
(Street & No. or P.O. Box) (City) (State) (Zip)

(6) BEST PHONE # TO REACH YOU: _____ E-MAIL ADDRESS _____

(7) Are you 18 or older? Yes No
If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

- Occasional: 1 night work weekend work overtime rotating shifts "on-call"
- Regular: night work weekend work overtime rotating shifts "on-call"
- Frequent night work weekend work overtime rotating shifts "on-call"

(9) Have you applied to Clay County Water Sewer District (CCWSD) before? Yes No If YES, indicate what position and when:

(10) Are you now or were you previously related in any way to CCWSD employee? Yes No If YES, give name and relationship: _____

(11) Are you able to perform all of the duties of the job you have applied for? Yes No

(12) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

(13) Did you receive any of your education or employment experience under another name? Yes: If YES, please explain under EXPLANATIONS section.

EDUCATION

Provide your complete history

(14) Indicate highest school grad year completed: _____

(15) Name of High School _____ City _____ State _____

(16) Have you received a high school diploma or equivalent? Yes No

| Education Beyond High School | Name and Location | Attended From | | | | Did You Graduate? | Credit Hours | Degree, Diploma, Certificate Earned or # of Yrs. | Major Minor |
|----------------------------------|-------------------|---------------|-----|-----|-----|-------------------|--------------|--|-------------|
| | | Mo. | Yr. | Mo. | Yr. | | | | |
| College(s) University(ies) | | | | | | Yes No | | | |
| Graduate or Professional Schools | | | | | | | | | |
| Technical Institutes, Other | | | | | | Yes No | | | |

KNOWLEDGE SKILLS & ABILITIES

(20) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If clerical position, list Office programs / equipment you are familiar with and can operate:

REGISTRATIONS, LICENSES, CERTIFICATIONS

(21) List fields of work for which you have been registered, licensed or certified:

(a) License / Certification Type: _____ State: Lic. #: _____

Exp. Date: _____

(b) License / Certification Type: _____ State: Lic. #: _____

Exp. Date: _____

(22) Please list your VALID DRIVER'S LICENSE NUMBER and the State in which it was issued.

If you do not have a driver's license, please put "NONE" in the blank

(23) Is your driver's license a Commercial Driver's License? [] Yes [] No If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED NIA (not applicable). "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (*or explain gap in employment*)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____

Employer or company address _____

Name, Title & Phone # of most current supervisor _____

Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you _____ If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change _____

EMPLOYMENT (continued)

B. NEXT MOST RECENT EMPLOYMENT *(or explain gap in employment)*

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____

Employer or company address _____

Name, Title & Phone # of most current supervisor _____

Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you _____ If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT *(or explain gap in employment)*

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____

Employer or company address _____

Name, Title & Phone # of most current supervisor _____

Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you _____ If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT *(or explain gap in employment)*

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____

Employer or company address _____

Name, Title & Phone # of most current supervisor _____

Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you _____ If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change _____

IF ANY ITEMS NEED FURTHER EXPLANATION:

ITEM # _____

ITEM# _____

ITEM # _____

ITEM # _____

ITEM# _____

ITEM # _____

Certification and Release (MUST BE SIGNED & DATED BELOW):

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Clay County Water & Sewer District.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned to Clay County Water & Sewer District; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications.
- Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality.
- I also permit Clay County Water & Sewer District to conduct a Sheriff, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, i may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by Clay County Water & Sewer District, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the District General Manager.

SIGNATURE _____

DATE: _____

PRINTED NAME: _____